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REGISTERED AGENT CHANGE STEVEN C. FRASER, P.A.

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, nge is submitted for a corporation organize	ed unde r the laws of the State of <u>Flo</u>	orida
	r to change its registered office or registere		rida.
	he corporation: STEVEN C. FRASER		
2. The principal	office address: 500 S. Federal Hwy #2	2038 HALLANDALE, FL 3300	09
3. The mailing a	ddress (if different): Post Office Box 20	038 Hallandale Beach, FL 33	3008
4. Date of incom	poration/qualification; 06/02/08	Document number: P080000	53230
	I street address of the current registered age timent of State: (If resigned, enter resigned)		the
	STEVE FRASER		
	500 S. Federal Hwy #2038_		
	HALLANDALE, FL 33009		.022 F
6. The name and (if changed):	I street address of the new registered agent	(if changed) and /or registered offic	2072 FEB 21
	Registered Agents Inc.		<u> </u>
	7901 4th St N STE 300		့ <u>မှ</u> မေ
	P.O. Box N	NOT acceptable	w
	St. Petersburg FL 33702		
The street addre	ess of its registered office and the street ad be identical.	ddress of the business office of its	registered agent,
Such change wa authorized by th	as authorized by resolution duly adopted be board, or the corporation has been notif	by its board of directors or by an of fied in writing of the change.	fficer so
87578	TRALER re of an officer of director	STEVE FRASER, Director	
		Printed or typed name and title	
I further agrée a of my duties, an document is bei	the appointment as registered agent and a to comply with the provisions of all statute d I am familiar with and accept the obliga ng filed merely to reflect a change in the i been notified in writing of this change.	agree to act in this capacity. es relative to the proper and comp ation of my position as registered i registered office address. I hereby	lete performance agent. Or, if this confirm that the
But Hann	i	02/18/2022	
Sig	nature of Registered Agent	Date	
If signing on bo	half of an entity:		
Bill Havre	Manager 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
¯ _T	yped or Printed Name		
	* * * FILING FEE	: \$35.00 * * *	

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